

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

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DELIVERED ELECTRONICALLY

August 2, 2017

Spencer Knapp, Esq.
University of Vermont Medical Center
111 Colchester Ave.
Burlington, VT 05401

RE: Docket No. GMCB-001-17con, Proposed Replacement of Electronic Health Record, Project Cost: \$112.4 million

Dear Spencer:

Thank you for the response to the earlier set of questions. Please provide responses to the following questions based on our conference call on July 24, 2017.

1. Provide the detailed loaded staffing schedule with EPIC modules identified, labor categories and rates, or the quote provided by EPIC that includes these items discussed during the conference call to support the \$15.2 million services costs associated with the EPIC implementation included in the capital costs.
2. Explain whether the project is a “rip and replace” of the existing systems to the extent possible, thereby limiting transition of data. Explain whether clinicians will be required to use the new system solely once go-live has been approved.
3. Provide in writing the assumptions made regarding the \$11.8 million line item regarding legacy resources and the cost savings provided in the revised application.
4. Provide the detailed loaded schedule with tasks, labor categories and rates discussed during the conference call to support the \$11.8 million services costs associated with the external staffing included in the capital costs. This must include all EPIC and Cumberland staffing.
5. Revise and resubmit the TCO and include all costs associated with clinical application that tie into the new EHR including Gastroenterology etc. and clearing house interfaces.
6. Provide the detailed loaded schedule with training courses, labor categories and rates discussed during the conference call to support the \$1.2 million services costs associated with the training included in capital costs.



7. Provide the detailed loaded schedule with tasks, labor categories and rates discussed during the conference call to support the \$1.5 million services costs associated with external staffing for pre-implementation included in the capital costs or provide a quote from Cumberland with the same details of labor categories and rates for the pre-implementation.
8. Provide historical budget data used to determine the 9.9% contingency reserve for a project of this scope and complexity. This data must include hospital implementations within the last three years, have similar number of beds, number of clinicians, and number of interfaces. The data must also include budgeted and actual dollars spent for each similar implementation.
9. Confirm whether the subscription fees for Central Vermont Medical Center, Porter Medical Center and Champlain Valley Physicians Hospital noted in the assumptions provided in a letter dated February 28, 2017 are fixed or whether the fees will increase if the total operating expenses increase.
10. Provide justification and support to document that the current systems for UVMHN members (UVMHC, Porter and CVMC) would require more dollars to maintain relative to implementing the proposed replacement system.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at donna.jerry@vermont.gov.

If you have any questions, please do not hesitate to contact me at 802-828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

cc. The Office of the Health Care Advocate

